



For Ecology Use (k#1578 Fee Paid 10.00 Date 1/21

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APPLICATION

Appl. No.: 6-4-32627

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: LIGO Water System
В.	Briefly describe your proposed water system. (See instructions.) Water will be withdrawn from well at 100-150 gpm bya 50 hp submersible pump. A 4 inch supply line will carry the water from the well location, 2 1/2 miles to the LIGO corner station. At the corner station the water will enter either a 355,000 gallon fire water tank or an 8,000 gallon domestic water feed/irrigation tank. The fire water is a one time fill with periodic make up. The domestic water feed/irrigation will provide up to 15,000 gallons per day of domestic water for employee use and irrigation of general areas.
C.	Do you already have any water rights or claims associated with this property or system? X YES NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 2 Type of connection Office
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.) If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:3
В.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application:3
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking



Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ¾ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Please see attached map.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

The land is owned by the United States of America. The applicant has a 25-year

land use permit with the owner. See attached.

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

□ YES ☎ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

1-20-98

Date

Landowner for place of use (if same as applicant, write "same")

Date

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (do	above and return your ate).	application by
	1	
cology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).